

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/762228	FILING DATE 05 FEB 2001			
						APPLICANT(S) <i>Gassner</i>				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			
2				/			52			
3				/			53			
4				/			54			
5				/			55	*		
6				/			56			
7				/			57			
8				/			58			
9				/			59			
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11				/			61			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2				TOTAL IND.			
TOTAL DEP.			13				TOTAL DEP.			
TOTAL CLAIMS			10				TOTAL CLAIMS			